

## CalPERS Medical Plans Comparison Chart

	CalPERS Blue Shield Net Value HMO-**	CalPERS Kaiser HMO*	CalPERS Select PPO – **		CalPERS PERSCare PPO*	
	CalPERS PERSChoice PPO*					
	CalPERS Blue Shield HMO*		In-Network	Out-Of-Network	In-Network	Out-Of-Network
Calendar Year Deductible	None	None	\$500 individual \$1,000 family		\$500 individual \$1,000 family	
Out-Of-Pocket Maximum	\$ 1,500 individual \$3,000 family	\$ 1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	None	\$2,000 individual \$4,000 family	None
Lifetime Maximum	None	none	None		None	
Physician Office Visits	\$15 co-pay/visit	\$15 co-pay/visit	\$20 co-pay/visit	You pay 40%	\$20 co-pay/visit	You pay 40%
Diagnostic Lab & X-Ray	No charge	No charge (Some procedures may require a co-pay)	You pay 20%	You pay 40%	You pay 10%	You pay 40%
Annual Physical Exams	No charge	No charge	No charge	You pay 40%	No charge	You pay 40%
Well Baby Care	No charge	No charge	No charge	You pay 40%	No charge	You pay 40%
Emergency Room	\$50 co-pay/visit; waived if admitted	\$50 co-pay/visit; waived if admitted	You pay 20% after \$50 deductible; waived if admitted	You pay 20% after \$50 deductible; waived if admitted	You pay 10% after \$50 deductible; waived if admitted	You pay 10% after \$50 deductible; waived if admitted
Hospital Services	No charge	No charge	You pay 20-30% (CalPERS Select Only) 20%	You pay 40%	You pay 10% (\$250/ admission inpatient facility deductible)	You pay 40% (\$250/ admission inpatient facility deductible)
Prescription Generic Brand Non-formulary	30-day supply <sup>1</sup> \$5 co-pay \$20 co-pay \$50 co-pay	30-day supply \$5 co-pay \$20 co-pay N/A	30-day supply <sup>1 2</sup> \$5 co-pay \$20 co-pay \$50 co-pay	30-day supply <sup>1 2</sup> \$5 co-pay \$20 co-pay \$50 co-pay	34-day supply <sup>1 2</sup> \$5 co-pay \$20 co-pay \$50 co-pay	34-day supply <sup>1 2</sup> \$5 co-pay \$20 co-pay \$50 co-pay
Mental Health Inpatient Outpatient	No charge \$15/visit	No charge \$15/individual visit \$7/group visit	You pay 20-30% You pay 20-30%	You pay 40% You pay 40%	You pay 10% You pay 10%	You pay 40% You pay 40%
Substance Abuse Inpatient Outpatient	No charge \$15 /visit	No charge \$15 individual \$5 group therapy	You pay 20% You pay 20%	You pay 40% You pay 40%	You pay 10% You pay 10%	You pay 40% You pay 40%

<sup>1</sup>Implementation of specialty & biotech drug management, education & compliance programs for the following: Asthma, Rheumatoid arthritis, Multiple sclerosis, Cancer treatment/blood modifying agents, Hepatitis C, Psoriasis & Growth hormones. Implementation of promotion of over-the-counter (OTC) drugs when available.

<sup>2</sup> Mandatory mail service for maintenance drugs. Mail Service would be mandatory after the 2<sup>nd</sup> fill of Rx at retail pharmacy OR Member will be charged the appropriate mail service co-pay for a one month supply at retail.

\*PERS eligible UPEC members only.

\*\* These benefit summaries only highlight your benefits. They are not summary plan descriptions (SPDs). If any discrepancy exists between this summary and the official documents, the office documents will prevail.

\*\* Smaller network of high performance providers.